

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Citizen Engagement Laboratory**(b) Address (number and street) ☐ check if different than previously reported2150 Allston Way  
Suite 360

(c) City, State and ZIP Code

Berkeley

CA

94705

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30002174**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2012

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2012

D D D / Y Y Y Y Y Y

2012

**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2012

D D D / Y Y Y Y Y Y

2012

(b) Communication Title Romney v. Sandy**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Daniel Souweine

(b) Address (number and street)

2150 Allston Way  
Suite 360

(c) City, State and ZIP Code

Berkeley

CA

94705

(d) Name of Employer or Principal Place of Business

Citizen Engagement Laboratory

(e) Occupation

Director

**9. Total Donations This Statement**

, , .00

**10. Total Disbursements/Obligations This Statement**

, , 19500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Daniel Souweine

SIGNATURE

Daniel Souweine

[Electronically Filed]

DATE

11/05/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name Ian Inaba	<b>Transaction ID : F91.000001</b>	
(b) Address (number and street)	2150 Allston Way Suite 360	
(c) City, State and ZIP Code	CA	94705
(d) Name of Employer or Principal Place of Business Citizen Engagement Laboratory	(e) Occupation Executive Director	

<b>B.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

<b>C.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

<b>D.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

<b>E.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Abar Hutton Media</b> <hr/> Mailing Address of Payee 6190 Grovedale Ct. Suite 200 <hr/> City State Zip Code Alexandria VA 22310 <hr/> Name of Employer Occupation  <hr/> Purpose of Disbursement (Including title(s) of communication(s)) TV Advertising (Romney v. Sandy)				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y  11 / 05 / 2012 </div> Amount <div style="border: 1px solid black; padding: 2px;"> 19500.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y  11 / 05 / 2012 </div>	
<b>Transaction ID : F94.000002</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: DC Mitt Romney <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation  <hr/> Purpose of Disbursement (Including title(s) of communication(s))				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px;"> </div> Communication Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px;"> 19500.00 </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;"> 19500.00 </div>